



Referral Form

If you have questions about this form, please contact:
Janelle Starmer: (808) 733-9385
Project Kealahou Main Line: (808) 733-9859.

Referral Information: (self-referrals welcome)

Date of Referral: _____

Referral Name: _____

Referral Agency/Source: _____

Referral Phone: _____

Reason for Referral to Project Kealahou: _____

Youth Information:

Girl's Name: _____

Girl's Date of Birth: _____

Girl's Address & Zip Code: _____

Girl's School: _____

Girl's Grade: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Phone: _____

Parent/Guardian Consent:

I hereby consent to the evaluation of my child for the purpose of determining Project Kealahou eligibility and agree that Project Kealahou may obtain information about my child with the understanding that it cannot be disclosed to others without my further approval, unless permitted by Federal or State law. I also understand that this consent expires in one year.

Parent/Legal Guardian Signature: _____

Date: _____

Enrollment and Eligibility Criteria

- Trauma history or symptoms
- Displays impairment in everyday function
- Does not have a Pervasive Developmental Disorder
- Has (or may have) a DSM diagnosis
- Identifies as a girl (regardless of sex)

Trauma History

Please check all that apply.

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect
- Domestic violence
- Divorce
- Suicidal ideation/attempts
- Death
- Hospitalization/illness
- Other: _____

Symptoms may include:

Please check all that apply.

- Running away
- Truancy
- Bullying
- Trouble sleeping
- Upsetting dreams
- Hopelessness about the future
- Withdrawn and/or unusually quiet
- Avoids activities she once enjoyed
- Substance abuse
- Self-injury (i.e. cutting)
- Irritable or angry
- Other: _____

Agency Involvement:

Please check all that apply.

- CAMHD (DOH): IDEA SEBD
- Judiciary: Family Court Girls Court
- Court-ordered HYCF
- Child Welfare Services (CWS)/(DHS)
- School Based Behavioral Health (SBBH)/(DOE)
- Other: _____

Additional Information

- Has the girl expressed interest in PK?
 Yes No
- Has the family been informed of this referral?
 Yes No
- Has an SEBD referral been made to a FGC?
 Yes No

Youth is interested in the following PK services:

Please check all that apply:

- Individual support
- Peer support
- Caregiver support
- Youth activities
- Family activities
- Cultural activities

Please fax the following to (808) 733-9357
1) This referral form
2) Documentation of DSM diagnosis (within the past year, if available)
or mail to:
Project Kealahou, 3627 Kilauea Ave, Room #101
Honolulu, HI 96816